

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Larry M. Johnson, Paralegal

U. S. Application No. 10/538836

Publication Date 01 July 2005

Publication No. WO 2004/1055415 A2 PCT/RO/101

International Application No. PCT EP03/014252 Language German

Priority Info: Country DE No. 103 15 940.8 date 07 Apr 2003 13 Nov 2003 **MORE turn over**

Abstract: ☒ Correspondence checked: ☒; Inventor Name checked: ☒

Copy in International Application: yes ☒ no ☐; Translation: yes ☐ no ☐

Copy of ISR ☒ Copy of IPER ☒

Total Claims: 34 Chargeable 34 Independent 2 multiple ☐

371 Filing Fees: 800; meets Art. 33(2)-(3) Low fee applies:

Number of drawing Sheets: 2

Oath/Declaration: yes ☒ no ☐; signed ☐ unsigned ☐ defective ☐ completed 12 July 2005

large entity fee: ☒; Small entity fee: ☐; SME papers: yes ☐ no ☒

Biochemical Seq. Diskette: yes ☐ no ☒ entered ☐ Biochemical Seq. Listing: yes ☐ no ☐
statement ☐ yes ☐ no ☐

Copy of ISR: with References ☐ without References ☒

Copy of IPER: yes ☒ no ☐; Annexes yes ☐ no ☒ entered ☐ not entered ☐

Preliminary Amendment(s): yes ☒ no ☐; 2nd amendment date ☐

IDS: yes ☒ no ☐ DATE: ☐ 2nd yes ☐ no ☐ DATE ☐

Request for Immediate Examination: yes ☐ no ☒

Substitute Specification: yes ☐ no ☒

Assignment: yes ☐ no ☒ forwarded to Assignment ☐

Priority Document(s): yes ☒ no ☐; Number of copies included ☐

Power of Attorney: yes ☐ no ☒

Date of 35 USC Receipt of Request: 13 June 2005 Notes:

Date Completion USC 371 Requirements: 09 September 2005

Notice of Missing Requirements: ☐

Notice of Defective Response: ☐

Notice of Acceptance: 12 July 2005

Notice of Abandonment: ☒

Other forms: ☐

Article 19 Amendment: yes ☐ no ☐; replaced by Article 34 Amdt. ☐

Extension of time: Number of months ☐

Petition to Revive: ☐ : Petition 1 47.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: _____		2 Serial/Patent # <u>10/538 836</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing		\$ <u>50</u>							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>50</u>								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/>	Overpayment	Treasury Check								
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:								
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>4</td><td>--</td><td>0</td><td>7</td><td>5</td><td>3</td> </tr> </table>		0	4	--	0	7	5	3
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<u>Rule change - 08 Dec 2004</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME:		TITLE: <u>Supervisor</u>								
SIGNATURE: <u>Terry M. Johnson</u>		PHONE: <u>703-308-9140</u>								
OFFICE: <u>DO/ED</u>		<u>X221</u>								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								
		Credit Card Refund Total: \$50.00								

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